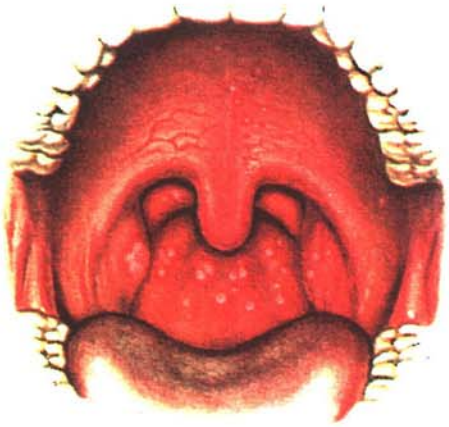
A

B

Plate 1.3. **A** and **B:** Prodromal rashes. These were best seen in fair-skinned persons (for example, Caucasians and Japanese) and were more common in those previously vaccinated. **A:** Erythematous prodromal rash on the upper arm, near the sites of vaccination performed 8 days earlier but sparing the skin immediately adjacent to the vaccination lesions. **B:** Measles-like prodromal rash on the lateral side of the trunk on the 4th day of illness. **C:** The enanthem. Lesions occurred throughout the oropharynx and in the nasal cavity, as well as on the tongue. The lesions on the palate were usually smaller than those on the posterior pharyngeal wall and tonsil. (From Uchida, 1955.)



C

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.16. **A:** Lesions on the sole of the foot on the 14th day of rash. **B** and **C:** Palm of the hand and sole of the foot of a 2-year-old Zairean boy on the 21st day of rash. Elsewhere on the body the scabs had separated; on the palms and soles they remained as dark disc-like scabs ("seeds").

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.17. Distribution of the rash in smallpox. Dorsal and ventral views of a 3-year-old unvaccinated girl from Zaire, on the 5th day of rash. The case would be classified as mild discrete ordinary-type smallpox. The pustules were characteristically most numerous on the face, arms and legs and rather sparse on the trunk.

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.18. Confluent ordinary-type smallpox in an unvaccinated woman in her twenties, on the 9th day of the illness. Pustules were confluent on the face, forearms and legs but discrete on the trunk. (From Stojkovic et al., 1974.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.19. Modified-type smallpox. **A:** Vaccinated Japanese man aged 42 years, on the 10th day of the illness. Note the varying size of the lesions and their rapid evolution. **B:** Vaccinated Japanese woman aged 19 years. Very mild case. **C:** Adult female, Delhi, India. Note lack of toxaemia and diversity in size of lesions. (**A** and **B** from Uchida, 1955; **C** from Herrlich et al., 1967.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.21. Flat-type smallpox. **A:** Adult Indian man. **B** and **C:** Unvaccinated young woman from Madras, India, on the 6th day of rash; she died 3 days later. Note severe toxaemia and extensive flat pustules in both cases. (**A** from Herrlich et al., 1967.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate I.22. Early haemorrhagic-type smallpox. **A:** In an unvaccinated 60-year-old woman, who died on the 4th day of illness. Besides the rash illustrated she bled from many other sites, with subconjunctival haemorrhages, a bloody enanthem, epistaxis, haematuria, blood in the faeces and metrorrhagia. **B:** Subconjunctival haemorrhage. **C:** Fully developed haemorrhagic diathesis and death. (**A** from Stojkovic et al., 1974: **B** and **C** from Herrlich et al., 1967.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.23. Contrast between early and late haemorrhagic-type smallpox. **A** and **B:** Early haemorrhagic-type smallpox in a pregnant 18-year-old woman, showing severe toxaemia, petechial exanthem and bleeding from body openings; 1 hour before death. **C:** Late haemorrhagic-type smallpox in young woman, showing bleeding in base of pustules and development of a general haemorrhagic diathesis late in the disease. (From Herrlich et al., 1967.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.24. Variola minor in a 30-year-old unvaccinated Somali woman, 12 days after the onset of rash. The patient was not very sick and was ambulant throughout the disease. The lesions on the face were sparse (**A**) and evolved more rapidly than those on the arms and legs (**B** and **C**).

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.27. Sequelae of smallpox. Shortly after recovery the sites of pustules are usually depigmented in dark-skinned subjects (**A**) or red in fair-skinned subjects (**B**). Most cases of variola major leave facial pock marks, which may be deeply pigmented (**C**); blindness is a rare complication (**C** and **D**). (**B** from Herrlich et al., 1967.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

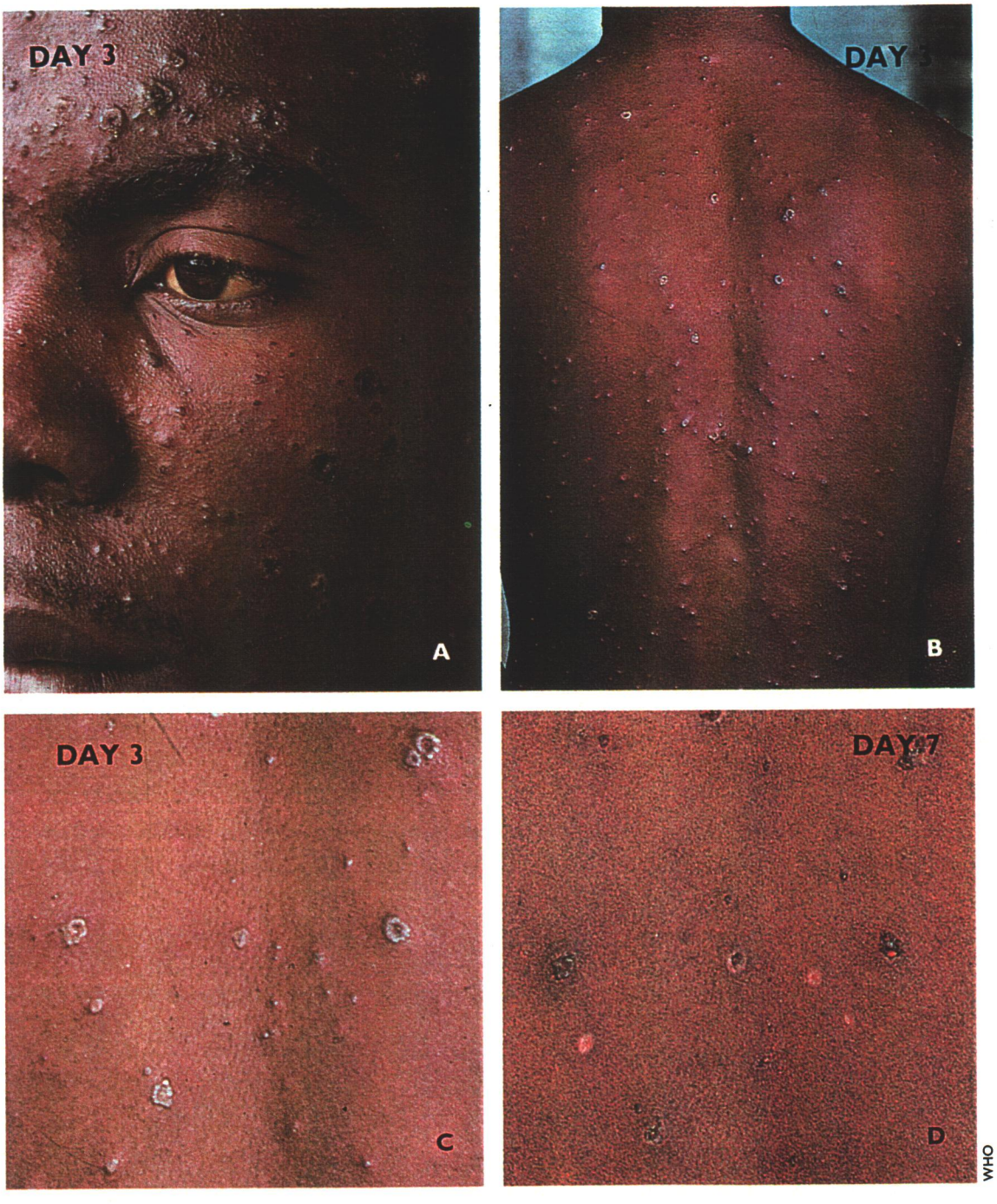


Plate 1.28. Chickenpox. On the 3rd day of rash (**A**, **B** and **C**) pocks are at different stages of development: papules, vesicles, pustules and scabs. On the 7th day of rash (**D**) all pocks are scabbed. There are many lesions on the trunk (**B**) and few on the limbs.

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate 1.29. **A:** Measles. There is a blotchy generalized rash, as well as a runny nose and sore eyes. **B:** Secondary syphilis. The rash had a different distribution from that of smallpox, did not feel "shotty" and did not progress to pustules and scabs as in smallpox. (From Lambert & Farrar, 1982). **C:** Erythema multiforme.

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.

Plate I.30. **A** and **B:** Drug eruptions, which sometimes occurred in patients with smallpox. **C** and **D**: Meningococcal septicaemia, which could be difficult to differentiate from early haemorrhagic-type smallpox. (**B, C, D** from Lambert & Farrar, 1982.)

Source:
Fenner, F., et al. Smallpox and its Eradication, World Health Organization Geneva, 1988.